



CENTER FITNESS CLUB

PERSONAL TRAINING REQUEST FORM

Our goal is to provide each client with individualized attention, personalized instruction and multidimensional programming options that will significantly contribute to his/her fitness and wellness goals. Please fill out the following information and drop off at the CFC Front Desk.

Name: _____ Date: _____
Date of Birth: _____ Current Member New Member Non-Member
Phone: _____ Email: _____

Health & Fitness Goals: Please check all that apply:

General Health	Fitness	Functional
<ul style="list-style-type: none"><input type="radio"/> Weight Management<input type="radio"/> Lower Cholesterol<input type="radio"/> Improve Body Composition<input type="radio"/> Reduce Stress<input type="radio"/> Reduce Risk of Disease	<ul style="list-style-type: none"><input type="radio"/> Increase Aerobic Capacity<input type="radio"/> Increase Muscular Strength<input type="radio"/> Improve Flexibility<input type="radio"/> Sport Specific Training Specify Sport: _____	<ul style="list-style-type: none"><input type="radio"/> Improve Balance<input type="radio"/> Improve Posture<input type="radio"/> Reduce Back Pain<input type="radio"/> Strengthen Core<input type="radio"/> Other Please Specify: _____

Please list any injuries or joint limitations: _____

Past exercise experience: _____

To help us match you with the most appropriate trainer, please circle your preferences below:

1. Number of sessions per week: 1 2 3 4 5 6
2. Length of training session: 30 minutes 60 minutes
3. Days available for training: Monday Tuesday Wednesday Thursday Friday
Saturday Sunday
4. Times (s) of the day you are available to train:
 Early morning (6am-8am) Mid-Morning (8am-11am) Early afternoon (11am-2pm)
 Late afternoon (2pm-5pm) Evening (5pm-8pm)
- Other (please specify): _____
5. Please indicate preference: Female Male No preference
6. Specific Trainer: _____ Preferred Start Date: _____

A personal trainer will contact you to set up an appointment.